

Sample* Staff-Administered COMPREHENSIVE** Health Risk Profile - SF

Name: _____ DOB/Age: _____ / _____ Male__ Female __ ID#: _____

Comprehensive HRP-SF (short form): Annual Assessment and Preventive Health Care Plan

**when combined with the Targeted HRP-SF

At Risk?	Health Indicator	Annual Assessment of Risk Factors (Based on USPSTF recommendations)	Ed. H
Y N	8. Hormone Replacement Therapy (HRT)	<input type="checkbox"/> Peri/post menopausal female not on HRT and/or has not received counseling on the risks/benefits of therapy <input type="checkbox"/> At increased risk for osteoporosis due to: <input type="checkbox"/> Does not get weight-bearing exercise several times a week <input type="checkbox"/> Does not get adequate calcium and Vitamin D <input type="checkbox"/> Low body weight <input type="checkbox"/> Mother had disease <input type="checkbox"/> Asian/Caucasian female <input type="checkbox"/> Menopause at < 40	
Y N	9. Tuberculosis Infection	<input type="checkbox"/> Close contact with a person who has active TB <input type="checkbox"/> Occupational high-risk (healthcare, correctional, residential, etc.) <input type="checkbox"/> Lived in endemic area in the past year (SE Asia, Africa, Latin America) <input type="checkbox"/> Medical risks factors (e.g., diabetes, ESRD, etc.)	
Y N	10. Nutrition/Physical Activity	<input type="checkbox"/> Poor nutrition as identified by a nutritional assessment or other tool. <input type="checkbox"/> Does not exercise 30 minutes on most days.	
Y N	11. Oral Health/Hygiene	<input type="checkbox"/> Poor dental hygiene: does not brush and floss daily. <input type="checkbox"/> Does not see a dentist regularly. <input type="checkbox"/> Smokes or chews tobacco and/or drinks alcohol.	
Y N	12. STD or HIV Infection	<input type="checkbox"/> Has/has had any one of the following risk factors: Previous STD, multiple sex partners, or shared needles	
Y N	13. Unintended Pregnancy	<input type="checkbox"/> Sexually active male or sexually active female of childbearing age <input type="checkbox"/> Does not desire a pregnancy/is not using a reliable birth control method	
Y N	14. Alcohol/Drug Use	<input type="checkbox"/> Drinks more than two drinks/day (men) or one drink/day (women) <input type="checkbox"/> Uses or has used Astreet drugs@ <input type="checkbox"/> Long term use of certain prescription drugs <input type="checkbox"/> Has had medical and/or social problems related to alcohol or drug use	
Y N	15. Injury/Accidents	<input type="checkbox"/> Does not use seatbelts when in a motor vehicle <input type="checkbox"/> Does not use a helmet when on bike/motorcycle <input type="checkbox"/> Drinks alcohol and drives, or rides with someone who does <input type="checkbox"/> Medicines, chemicals/poisons or firearms are accessible to children <input type="checkbox"/> Does not have working smoke detectors in the home. <input type="checkbox"/> At risk for battering or abuse (emotional, verbal or physical)	

*Inclusion/omission does not imply that the Texas Department of Health endorses or rejects a specific recommendation or authority opinion.

Completed by: _____ Date: _____

Reviewed by clinician: _____ Date: _____

Put Prevention Into Practice-PPIP

www.tdh.state.tx.us/ppip/index.htm

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